

TENNESSEE DEPARTMENT OF EDUCATION - LICENSE APPLICATION

OFFICE OF TEACHER LICENSING 710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY

Last Name	First Name	Middle Name	Maiden Name (if applicable)	SSN (required)
Email Address	Telephone Number	Date of Birth (required)	Race *	Sex*
Street/P.O. Box		City	State	Zip Code

**Optional-statistical information only*

ARE YOU A VETERAN? _____ YES _____ YEARS SERVED _____ NO

If you checked YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com)

PLEASE READ CAREFULLY BEFORE SIGNING

Personal Affirmation: *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. **DO NOT** include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

- Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?
_____ YES _____ NO
- Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?
_____ YES _____ NO
- Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)?
_____ YES _____ NO
- Is there any action pending against your certificate/license or application in another state?
_____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgement, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ Date _____

TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

TYPE OF TENNESSEE LICENSE

- ☐ INITIAL TEACHING LICENSE- **TN Institutions Only** (Apprentice Teacher, Apprentice Special Group, and Beginning Administrator)
- ☐ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA OR applying based upon reciprocity)
- ☐ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- ☐ ALTERNATIVE TYPE "A" LICENSE (Requires signature from Superintendent/Director of Schools)
- ☐ ALTERNATIVE TYPE "C" LICENSE (Requires signature from Superintendent/Director of Schools and Dean of Education at teacher preparation institution)
- ☐ ALTERNATIVE TYPE "E" LICENSE (Requires signature from Superintendent/Director of Schools)
- ☐ INTERIM TYPE "B" LICENSE (Requires signature from Superintendent/Director of Schools, and verification from Dean of Education at teacher preparation institution)
- ☐ INTERIM TYPE "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- ☐ OCCUPATIONAL EDUCATION LICENSE
- ☐ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- ☐ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Superintendent/Director of Schools, nonrenewable)
- ☐ JROTC LICENSE
- ☐ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/ LANGUAGE TEACHER

ADVANCEMENT TO FULL LICENSE OR PROFESSIONAL LICENSE

- ☐ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL LICENSE (Professional, Occupational, or School Service Personnel)
- ☐ ADVANCEMENT FROM ALTERNATIVE TYPE "A" TO FULL LICENSE (Apprentice or Out of State)
- ☐ ADVANCEMENT FROM INTERIM TYPE "B" TO FULL LICENSE (Apprentice or Out of State)
- ☐ ADVANCEMENT FROM ALTERNATIVE TYPE "C" TO FULL LICENSE (Apprentice)
- ☐ ADVANCEMENT FROM ALTERNATIVE TYPE "E" TO FULL LICENSE (Apprentice or Out of State)
- ☐ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL EDUCATION LICENSE TO PROFESSIONAL OCCUPATIONAL EDUCATION LICENSE
- ☐ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- ☐ ADVANCEMENT FROM BEGINNING ADMINISTRATOR LICENSE TO PROFESSIONAL ADMINISTRATOR LICENSE

RENEWAL OR AMENDMENT TO EXISTING LICENSE

- ☐ FOR RENEWAL OF LICENSE (Check one)
_____ 5 Year License(s) _____ 10 Year License(s) _____ 5 Year Occupational License _____ 10 Year Occupational License
_____ Alternative Type "A" _____ Alternative Type "C" _____ Alternative Type "E" _____ Interim Type "B" _____ Interim Type "D"
- ☐ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
_____ Master's Degree _____ Education Specialist
_____ Master's Degree +30 semester hours _____ Doctorate Degree
- ☐ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- ☐ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)
- ☐ ADDRESS CHANGE NOTIFICATION
- ☐ DUPLICATE LICENSE (Current valid Tennessee license only)

APPLICATION FOR ALTERNATIVE TYPE "A" LICENSE

APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

INITIAL ISSUANCE OF ALTERNATIVE TYPE "A" LICENSE

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

Official transcripts are required for licensure purposes. Include transcripts from all institutions attended.

_____ Official transcripts from all institutions are enclosed.

_____ All transcripts are on file in the
Office of Teacher Licensing

TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR OF SCHOOLS

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

ENDORSEMENT TITLE

ENDORSEMENT CODE

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:

_____ PRE-K _____ ELEMENTARY _____ MIDDLE _____ SECONDARY (If secondary, give the subject area _____)
(K-6) (4-8) (7-12)

I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.

School System

Signature of Superintendent/Director of Schools

Date

RENEWAL OF ALTERNATIVE TYPE "A" LICENSE

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

_____ Official transcripts reflecting six semesters hours of credit in areas of deficiency (must be attached)

_____ Program of Studies as defined and prepared by the Dean of Education at an approved Institution. (must be attached)

_____ Verification from Certification Officer that all coursework has been completed except for student teaching.

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

ENDORSEMENT TITLE

ENDORSEMENT CODE

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:

_____ PRE-K _____ ELEMENTARY _____ MIDDLE _____ SECONDARY (If secondary, give the subject area _____)
(K-6) (4-8) (7-12)

I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.

School System

Signature of Superintendent/Director of Schools

Date

ADVANCEMENT TO APPRENTICE LEVEL LICENSE

_____ Completed application from approved in-state recommending college/university.

_____ Verification of two years successful teaching experience on the Alternative Type "A" license.

(Praxis scores must be submitted to advance)

_____ Designated Institution Score Report submitted by college/university, or _____ directly from ETS.

_____ All official transcripts that have not previously been submitted.